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Un		k Reduction Act of					formation unle	ss it displa	ys a valid OMB o	control number.
										409
		CLAIMS AS	FILED	PART I	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NU				NUMBE	R EXTRA	RATE	FEE		RATE	FEE
	IC FEE CFR 1.16(a))						\$	OR		ś
	AL CLAIMS CFR 1.16(c))		minus 20 =					OR	x s=	
	PENDENT CLAIN CFR 1.16(b))	15	minus 3 =					OR	x \$=	
MUL	TIPLE DEPENDE	NT CLAIM PRESEN	т (37	7 CFR 1.16(d))	+ \$=		OR	+ \$=		
·Ht	* If the difference in column 1 is less than zero, enter "0" in column 2.							OR	TOTAL	
, CLAIMS' AS AMENDED - PART II										
L	+/14/05	(Column 1)		(Column 2)	(Column 3)	*EMALL	ENTITY	OR		R THAN ENTITY
A TN	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 CFR 1.16(c))	. 56	Minus	" 5b	<u> </u>	x \$=		QR	x \$=	
EN	Independent (37 CFR 1.16(b))	4	Minus	" 4	-	x s=		OR	× S=	
AM	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+ \$=		OR	+5_	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	, <u> </u>		_		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	× \$=	
EN	Independent (37 CFR 1.16(b))	•	Minus	***	= .	x \$=		OR	x s=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.46(d))					+ \$=		J OR	+ s=	<u> </u>
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	× s=	
ENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	x s=		OR	× \$=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+ \$=	
								OR	TOTAL ADD'L FEE	
İ	• If the entry in o	olumn 1 is less tha	n the entry	in column 2, writ	le "0" in column	ADD'L FEE 3. enter "20"		-4		
.	"" If the "Highest " If the "Highest	Number Previously Number Previously	Paid For	IN THIS SPACE	is less than J. e	enter "3". est number found	in the appropri	ate box in o	column 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.